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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Atty. Docket US 010191
Jin Lu)	
)	
Serial No. 09/840,209)	Group Art Unit:
)	2615
Filed: 04/23/2001)	
)	Examiner:
TITLE: SYSTEM AND METHOD FOR STORING)	Vincent F. Boccio
DIGITAL BROADCAST DATA)	
)	
)	
)	

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Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 18, 2004, the Applicants submit the following Amendment and Remarks for the above referenced application.



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/840,209	
	Filing Date	04/23/2001	
	First Named Inventor	Jin Lu	
	Art Unit	2615	
	Examiner Name	Vincent F. Boccio	
Total Number of Pages in This Submission	10	Attorney Docket Number	US010191

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ENCLOSURES (Check all that apply)		
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks Enclosed is a Non-fee Amendment and Response to an Office Action.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	James D. Leimbach, Reg. No. 34,874	
Signature		
Date	September 18, 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	James D. Leimbach		
Signature		Date	September 18, 2004

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